

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000079482

Entity Name: EMERALD COAST MEDICAL SOLUTIONS, LLC

Current Principal Place of Business:

4711 SCENIC HWY
PENSACOLA, FL 32504

Current Mailing Address:

9044 SE BRIDGE ROAD
HOBE SOUND, 33455 UN

FEI Number: 83-4077684

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DORFMAN, DAVID
1173 ELEUTHERA DR. NE
PALM BAY, FL 32905 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MBR
Name MAHALO, LLC
Address 3615 KENNESAW PLACE
City-State-Zip: MELBOURNE FL 32934

Title MBR
Name FENTON, BLAKE T
Address 4711 SCENIC HWY
City-State-Zip: PENSACOLA FL 32504

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DR BRETT GREENWALD

MANAGER

01/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date